

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10718398	FILING DATE
APPLICANT(S)		

1119103

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.		3				
TOTAL CLAIMS		4				

TOTAL IND.	
TOTAL DEP.	
TOTAL CLAIMS	